



CHARACTERIZATION OF THE OBSTETRIC NETWORK IN THE HEALTH SERVICES

CARACTERIZAÇÃO DA REDE OBSTÉTRICA NOS SERVIÇOS DE SAÚDE

CARACTERIAZACIÓN DE LA RED OBSTÉTRICA EN LOS SERVICIOS DE SALUD

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ABSTRACT

Objective: to characterize the obstetric care network regarding the procedures developed and to identify the demand for care in three maternity hospitals. **Method:** this is a descriptive study with a quantitative approach with interviewed maternity managers through a structured form. The analysis used descriptive statistics in Microsoft Excel 2007 software based on the literature. **Results:** regarding the maternity services, 1 had in 2013 54%; 2014 48% and 2015 63%; Procedures 65% (2013); 64% (2014) and 58% (2015); 2 (no surgical center) in 2013/2014 (72%) and 69% in 2015 (attendance) procedures: 72% in 2013, 73% in 2014 and 68% in January to September 2015; On January 3, 2013 (94%) attendance and from March/September/2015 (99%) procedures; Maternity 3 did not work in 2014. **Conclusion:** the characterization of care and procedures in the three maternity hospitals in the city of Natal reaffirms the need for a reordering of the flow and reception. **Descriptors:** Obstetric Nursing; Health Services; Women's Health.

RESUMO

Objetivo: caracterizar a rede de atenção obstétrica quanto aos procedimentos desenvolvidos e identificar demanda de atendimento em três maternidades municipais. **Método:** estudo descritivo, com abordagem quantitativa, realizado com gestores de maternidades entrevistados por meio de um formulário estruturado. A análise foi através de estatística descritiva no software Microsoft Excel 2007 à luz da literatura. **Resultados:** quanto aos atendimentos, a maternidade 1 teve em 2013 54%; 2014, 48%, e 2015, 63%; procedimentos 65% (2013); 64% (2014) e 58% (2015); a 2 (não tem centro cirúrgico) em 2013/2014 72% e 69% em 2015 (atendimentos), procedimentos: 72%, em 2013, 73%, em 2014, e 68% de janeiro a setembro de 2015; na 3, de jan/jun/2013 94% de atendimentos e de mar/set/2015 99% de procedimentos; a maternidade 3 ficou sem funcionar em 2014. **Conclusão:** a caracterização de atendimentos e procedimentos nas três maternidades no município de Natal reafirma a necessidade de um reordenamento de fluxo e acolhimento. **Descritores:** Enfermagem Obstétrica; Serviços de Saúde; Saúde da Mulher.

RESUMEN

Objetivo: caracterizar la red de atención obstétrica sobre los procedimientos desarrollados e identificar demanda de atendimento en tres maternidades municipales. **Método:** estudio descriptivo con enfoque cuantitativo con gestores de maternidades entrevistados por medio de un formulario estructurado. El análisis fue por medio de estadística descriptiva en el software Microsoft Excel 2007 basada en la literatura. **Resultados:** sobre los atendimientos la maternidade 1 tuvo en 2013 54%; 2014 48% y 2015 63%; procedimientos 65% (2013); 64% (2014) y 58% (2015); la maternidade 2 (no tiene centro quirúrgico) en 2013/2014 (72%) y 69% en 2015 (atendimientos) procedimientos: 72%, en 2013, 73%, en 2014 y 68% de enero a septiembre de 2015; en la maternidad 3 de ene/jun/2013 (94%) atendimientos y de mar/sept/2015 (99%) procedimientos; la maternidad 3 no funciono en 2014. **Conclusión:** la caracterización de atendimientos y procedimientos en las tres maternidades en el municipio de Natal reafirma la necesidad de un reordenamiento de flujo y acogimiento. **Descriptores:** Enfermería Obstétrica; Servicios de Salud; Salud de la Mujer.

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INTRODUCTION

The institutionalization of childbirth and birth began with the emergence of obstetric surgeons, marginalizing midwives in this care. For many years, it was believed that the horizontal position was the most indicated for facilitating obstetric interventions, cardiotocographic monitoring, analgesia and the use of surgical instruments leading to dehumanization in labor by disrespecting the parturient's autonomy by depriving her of family support and comfort.¹

Therefore, the National Program of Humanization of Childbirth and Birth (PHPN) was instituted in the 80's presenting guidelines for access and qualification of perinatal care with host and attachment that deals with ambience, role of obstetrician nurse in the parturitive process, doula presence and participation of the companion of choice of the parturient in this scenario, incentive to the home birth as a strategy in the humanization to the practice of health in Brazil. Despite the efforts to humanize labor and delivery, the country still has high rates of non-medical cesarean sections placing it at the top of the world ranking in this type of invasive procedure that weakens the maternal role and increases the maternal-infant morbidity and mortality through unnecessary and early intervention.²

With all this problem emerging in Brazil in 2011, the Stork Network Program created by the Federal Government proposing improvements in care for women in the puerperal period, as well as the newborn and children up to two years of age. The Stork Network is a program of the SUS with goals to be reached such as prenatal care at usual risk, early capture of pregnant women, reception of complications during pregnancy, puerperium and child in primary care with a home visit in the first week postpartum, active search for vulnerable children, guidance on contraceptive methods, promotion of access to safe transportation in emergency situations for pregnant women, puerperium and newborns at high risk, emergency and outpatient regulation. It also aims to ensure the rights of women in reproductive planning, humanized care in pregnancy, labor, birth and the puerperium, ensuring the child's birth, growth, and healthy development.³⁻⁴

A study developed in the State of Rio Grande do Norte between 2012 to 2014 on the situation of the Stork Network identified that the main challenges and problems for structuring this network are weaknesses in the

attachment of women to the place of care, difficulties in the reference of the pregnant woman high-risk prenatal care, noncompliance with accompanying legislation, high percentage of cesareans, and lack of protocols to establish good practices in childbirth care.⁵

According to the Municipal Health Department (SMS) of Natal (RN), the maternal mortality rate due to causes related to prenatal, childbirth and puerperium has been oscillating between 2008 to 2012. The maternal mortality ratio in 2011 was around 65.14 deaths for every 100 thousand live births reducing in 2012 to 40.9 deaths. It is worth noting that excessive underreporting occurs regarding the fulfillment of the Declaration of Death (DD) when the cause of death is related to gestation, childbirth or puerperium.⁶

Given these considerations, this study had the following objectives:

1. To characterize the obstetric care network regarding the procedures developed.
2. To identify the demand for care in three maternity hospitals.

It has relevance for the nursing when making a demonstration of attendances and procedures in three maternities of the Unified Health System (SUS) of the State most considered to attend the woman of habitual risk.

METHOD

This is an exploratory descriptive study with a quantitative approach in three maternity hospitals in the city of Natal, State of Rio Grande do Norte. The municipal maternities involved were Integrated Maternal and Child Unit of Quintas, Felipe Camarão Maternity and Maternity Prof. Leide Moraes. The research focused on the services managers of these maternities in partnership with the Department of Specialized Care of the SMS through a script prepared by the researchers, addressing relevant aspects such as characterization of the service and the team, current situation of network structuring of obstetric assistance, statistics of procedures from 2013 to September 2015.

Data collection took place with visits previously scheduled to the managers of each obstetric care unit from August to September 2015 to obtain information about aspects related to the current characterization of the network structure in the city of Natal., a descriptive statistical analysis was performed in Microsoft Excel 2007 software of the demand and production of the services

involved to identify the operation of this network with absolute values and relative frequency, according to the calculation:

Maternity care developed=

Total annual care in the health district

Total annual attendance in the municipality of Natal

X 100

All the participants who accepted to participate in the research signed the Free and Informed Consent Term (TCLE) by the National Health Council (CNS) resolution 466/2012, which provides for ethical procedures in human being research. This is a research clipping under the heading “Redirection of assistance in the municipality of Natal”, approved by the Committee on Ethics in Research (CEP) of Potiguar University (UnP/Natal/RN), 2015, which, after consent of the SMS, it approved this investigation through Certificate of Presentation for Ethical Assessment (CAAE) 49273015.4.0000.5296 and protocol nº 1.248.812 / 2015.

RESULTS

The Integrated Maternal and Child Unit of Quintas, popularly known as Maternidade das Quintas, is located on Rua dos Paiatis, in the district of Quintas in Natal (RN), in the western sanitary district. It offers care to women of obstetric nature of habitual risk, both to normal delivery and cesarean delivery. It counts on a total of 30 beds, six of pre-childbirth and 24 in the room-in accommodation (AC). Its physical structure is comprised of reception, examination room and tocophery, surgical center, two rooms for attending normal delivery, four AC with six beds each and three pre-delivery rooms.

As for the characteristics of the team, maternity has 33 doctors, 20 of them are outsourced by contract with medical cooperative and 13 out of the 33 are obstetrician gynecologists. The nursing team consists of 25 nurses, four of them are obstetric nursing specialists, 71 nursing technicians with four outsourced, with two speech therapists, seven pharmacists, seven nutritionists and four social workers.

There is a demonstration of the maternity procedures of the farms in the period from September to September 2015, when a percentage of normal delivery was identified, corresponding to 65% in 2013, 64% in 2014 and 59% in January to September 2015. Cessaries 35% (2013), 37% (2014) and from January to September 2015 41%; The forceps did not reach 1% in the whole study period. The maternity assists women from all over the city and from other cities in the interior of the state.

The maternity of Felipe Camarão, as well as Quintas, is located in the western district with the demand of women from that district and, because it does not have a surgical center in its physical structure, it only attends normal risk birth. It corresponded to the following statement of procedures: 72%, in 2013, 73%, in 2014 and 68% from January to September 2015. The number of visits by the sanitary district of Natal (RN) at Felipe Camarão Maternity in 2013/2014 (72%) and 69% in 2015.

The Maternity Prof. Leide Moraes attends normal childbirth at usual risk as Quintas and Felipe Camarão. Normal delivery rates were identified, ranging from 64% to slightly more than 68% in the study period, while cesarean sections were around 31% to 35% and forceps were not a procedure of use in the period studied. The maternity Prof. Leide Moraes is sought almost exclusively by women from the North I and II districts, with a frequency of more than 90%.

DISCUSSION

The maternity hospitals of Felipe Camarão and Quintas, both have the title of Baby Friendly Hospital (IHAC) currently regulated by Ministerial Order Nº 1,153 of May 22, 2014, created by the World Health Organization (WHO) and the United Nations Fund for Childhood (UNICEF).

The characterization of the services studied here hindered to emphasize the presence of multi-professional teams in the municipal obstetric care services composed of physicians, obstetricians and pediatricians, general nurses and obstetricians, nursing technicians, nutritionists, speech therapists, social workers, and pharmacists, contributing to interdisciplinarity of the caring process.

It is observed that the normal birth surpassed the cesareans in the maternities of Quintas and Prof. Leide Moraes. However, it is necessary to encourage the reduction of this procedure, since the recommendation of 10 to 15% of the cesarean rate by the WHO. The WHO suggests the adoption of a universal classification system as a strategy to reduce these indices, such as Robson, which groups pregnant women from their obstetric characteristics regarding parity, labor,

gestational age, total fetuses and fetal presentation.⁷

The insertion of the obstetrician nurses into the delivery scenario is a practice supported by the WHO, PHPN and Stork Network, for the need to develop comprehensive care allowing the experience to humanized childbirth, insurance, and reduction of interventionist practices.^{3,6,8} For this, it is necessary the strengthening and support to the insertion of the nurse obstetrician in the assistance to the childbirth and birth in the scope of the municipal maternity hospitals. It is possible to observe in the ambit of obstetric care services, the adoption of humanized practices such as non-pharmacological therapies for pain relief, insertion of the doula and encouragement of breastfeeding, a practice recognized by awards.

Non-pharmacological therapies for pain relief such as walking, massage, relaxation techniques, bobath ball, active horse are practices that contribute to a reduction of medicalization and interventions, duration of labor, contributing to its evolution favoring humanization in the attendance the parturient. It is fundamental to emphasize that the practice of non-pharmacological methods for the relief of pain during labor is an issue that arouses interest in the health area, especially in obstetric nursing.⁹

The insertion of the doula in the process of being born resumes the characteristic of the beginnings of the assistance of the delivery with a network of support to the parturient having in its body women who contributed to the process due to its experiences with the motherhood. Her work also contributes to the humanization of obstetric care by providing physical, emotional and re-signification of childbirth.³

The Baby-Friendly Hospital Initiative is fundamental as well as the ten steps to encourage breastfeeding to promote the health of both the neonate and the woman, promoting the bonding and contributing to the continuity of breastfeeding.¹⁰

From data of absolute values and relative frequency, it is possible to identify that the three maternity hospitals in the city of Natal have higher demand corresponding to the districts in which they are inserted, expressing importance in considering the criteria of territorialization, subsidizing establishment of the flow of the host and linkage during the prenatal period for delivery. It also expresses importance in ordering the flow in the face of the underutilization of the maternity of Felipe Camarão, so it has its services enhanced.

Given the above, it is necessary to establish the criteria and inspection of the programs of the agreement, so the problem of overcrowding of municipal services and maternal pilgrimage is solved.

One strategy found by the SMS of Natal was to prioritize the municipal obstetric care services to the citizens before the municipal ordinance N° 0138/2015-GS/SMS of April 20, 2015, considering that the maternities Prof. Leide Morais, Quintas and Felipe Camarão are intended for obstetric care of habitual priority risk to the patients residing in the municipality with host in cases of risk of death the residents of other municipalities, having as principle of "There is always place".¹¹

CONCLUSION

This study aimed to reorder obstetric care in the city of Natal to the reorganization of the flow of care and the linkage of women within the SUS. Humanizing practices in the current scenario of obstetric care in Brazil is shown as a strategy to promote quality health by minimizing the risks arising from dehumanized care, lack of shelter and maternal pilgrimage.

The characterization of municipal obstetric care services, Maternidade das Quintas, Felipe Camarão and Prof. Leide Morais, reaffirmed the need for a reordering of flow and acceptance. The ordinance of the Stork Network 1,456/2011 and the law 11.634/2007 guarantee the pregnant/parturients access, reception and attachment to the place of birth. These actions directly influence the reduction of maternal and infant mortality and the process of integrality and continuity of care.

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